MEDICALLY FRAGILE COMMUNITY CARE PROGRAM (MFCCP)

(#40195.01)

RENEWAL WAIVER APPLICATION- 5 YEAR

HOME AND COMMUNITY-BASED SERVICES
SECTION 1915 (c)
OF THE
SOCIAL SECURITY ACT

STATE: HAWAII

Renewal Application Date: January 24, 2003

Table of Contents Page

SECTION 1915(c) WAIVER FORMAT

1. The State of __Hawaii_____ requests a Medicaid home and community-based services waiver under the authority of section 1915(c) of the Social Security Act. The administrative authority under which this waiver will be operated is contained in Appendix A.

   This is a request for a model waiver.
   a.____ Yes b.__X__ No

   If Yes, the State assures that no more than 200 individuals will be served by this waiver at any one time.

   This waiver is requested for a period of (check one):
   a._____ 3 years (initial waiver)
   b.__X__ 5 years (renewal waiver)

2. This waiver is requested in order to provide home and community-based services to individuals who, but for the provision of such services, would require the following levels (s) of care, the cost of which could be reimbursed under the approved Medicaid State plan:
   a. _____ Nursing facility (NF)
   b. _____ Intermediate care facility for mentally retarded or persons with related conditions (ICF/MR)
   c. __X__ Hospital (Subacute)
   d. __X__ NF (served in vent facility
   e. _____ ICF/MR (served in hospital)

3. A waiver of section 1902(a)(10)(B) of the Act is requested to target waiver services to one of the select group(s) of individuals who would be otherwise eligible for waiver services:
   a. _____ aged (age 65 and older)
   b. __X__ disabled
   c. _____ aged and disabled
   d. _____ mentally retarded
   e. _____ developmentally disabled
   f. _____ mentally retarded and developmentally disabled
   g. _____ chronically mentally ill

4. A waiver of section 1902(a)(10)(B) of the Act is also requested to impose the following additional targeting restrictions (specify):
   a.__X__ Waiver services are limited to the following age groups (specify): Under 21 years old
   b.__X__ Waiver services are limited to individuals with the following disease(s) or condition(s) (specify): Medically Fragile Children. See attached eligibility criteria –next page.

DEFINITION OF MEDICALLY FRAGILE

A medically fragile child has a condition or conditions which require complex medical and/or ancillary services sustained in the community. The child has a need for a 24 hour-a-day oversight of his or her health status and requires an extended amount of multidisciplinary care in a supportive environment to prevent rehospitalization or institutionalization.

1. The child meets at least one of the following criteria:

   CATEGORY I Children dependent at least part of each day on mechanical ventilator.

   CATEGORY II Children requiring prolonged intravenous administration of nutritional substances or drugs.

   CATEGORY III Children with daily dependence on other device –supported respiratory or nutritional support, including tracheostomy tube care, suctioning, oxygen support or tube feeding;

2. The child has a minimum score of 50, on the objective scoring tool, to be admitted to the waiver or if already a waiver client, to remain on the waiver; and

3. The child's condition is expected to last beyond 12 months.

MEDICALLY FRAGILE WAIVER ELIGIBILITY CRITERIA

- Be under 21 years old;
- Be Medicaid eligible;
- Be Hospital or Nursing Facility level of care;
- Be medically fragile (meet at least 1 of the 3 target criteria) and meet the 50 point minimum score when Nursing Facility level of care;
- Targeted medical condition is expected to last beyond 12 months; and
- Have at least 2 caregivers trained to provide the care in a home that is able to accommodate the necessary equipment and personnel.

c._____ Waiver services are limited to individuals who are mentally retarded or developmentally disabled, who currently reside in general NFs , but who have been shown, as a result of the Pre-Admission Screening and Annual Resident Review process mandated by P.L. 100-203 to require active treatment at the level of an ICF/MR.

d._____ Other criteria. (Specify):_____

e._____ Not applicable.

5. Except as specified in item 6 below, an individual must meet the Medicaid eligibility criteria set forth in Appendix C-1 in addition to meeting the targeting criteria in items 2 through 4 of this request.

6. This waiver program includes individuals who are eligible under medically needy groups.
a.__X__ Yes b.____ No

7. A waiver of §1902(a)(10)(C)(i)(III) of the Social Security Act has been requested in order to use institutional income and resource rules for the medically needy.
a.__X__ Yes b.____ No c.____ N/A

8. The State will refuse to offer home and community-based services to any person for whom it can reasonably be expected that the cost of home or community-based services furnished to that individual would exceed the cost of a level of care referred to in item 2 of this request.
a._X_ Yes b.___ No

9. A waiver of the "statewideness" requirements set forth in section 1902(a)(1) of the Act is requested.
a.__X__ Yes b.____ No
If yes, waiver services will be furnished only to individuals in the following geographic areas or political subdivisions of the State (Specify):
City and County of Honolulu, Maui County, Kauai County, Hawaii County

10. A waiver of the amount, duration and scope of services requirements contained in section 1902(a)(10)(B) of the Act is requested, in order that services not otherwise available under the approved Medicaid State plan may be provided to individuals served on the waiver.

11. The State requests that the following home and community-based services, as described and defined in Appendix B.1 of this request, be included under this waiver:

a.__X__ Case management
b._____ Homemaker
c. ____ Home health aide services
d.____ Personal care services
e.__X__ Respite care
f.__X__ Medically fragile day care

g._____ Habilitation
- ____ Residential habilitation
- ____ Day habilitation
- ____ Prevocational services
- ____ Supported employment services
- ____ Educational services

h. X Environmental accessibility adaptations
i._____ Skilled nursing
j. X Non-Medical transportation
k. X Specialized medical equipment and supplies
l._____ Chore services
m._____ Personal emergency response systems
n._____ Companion services
o._____ Private duty nursing
p. X Family training
q. X Attendant care
r._____ Adult residential care
- ____ Adult foster care
- ____ Assisted living

s._____ Extended State plan services (Check all that apply):
- ____ Physician services
- ____ Home health care services
- ____ Physical therapy services
- ____ Occupational therapy services
- ____ Speech, hearing and language services
- ____ Prescribed drugs
- ____ Other (specify):

t. X Other services (specify): Home Maintenance & Moving Assistance
u._____ The following services will be provided to individuals with chronic mental illness:
- ____ Day treatment/Partial hospitalization
- ____ Psychosocial rehabilitation
- ____ Clinic services (whether or not furnished in a facility)

12. The state assures that adequate standards exist for each provider of services under the waiver. The State further assures that all provider standards will be met.

13. An individual written plan of care will be developed by qualified individuals for each individual under this waiver. This plan of care will describe the medical and other services (regardless of funding source) to be furnished, their frequency, and the type of provider who will furnish each. All services will be furnished pursuant to a written plan of care. The plan of care will be subject to the approval of the Medicaid agency. FFP will not be claimed for waiver services furnished prior to the development of the plan of care. FFP will not be claimed for waiver services which are not included in the individual written plan of care.

14. Waiver services will not be furnished to individuals who are inpatients of a hospital, NF, or ICF/MR or ICF/MR-C.

15. FFP will not be claimed in expenditures for the cost of room and board, with the following exception(s) (Check all that apply):

a. X When provided as part of respite care in a facility approved by the State that is not a private residence (hospital, NF, foster home, or community residential facility or Medicaid certified NF or ICF-MR-C).

b. X Meals furnished as part of a program of medical day care services. (MFDC meals do not constitute full nutritional regimen nor 3 meals/day)

c. ____ When a live-in personal caregiver (who is unrelated to the individual receiving care) provides approved waiver services, a portion of the rent and food that may be reasonably attributed to the caregiver who resides in the same household with the waiver client. FFP for rent and food for a live-in caregiver is not available if the client lives in the caregiver's home, or in a residence that is owned or leased by the provider of Medicaid services. An explanation of the method by which room and board costs are computed is included in Appendix G-3.

For purposes of this provision, "board" means 3 meals a day, or any other full nutritional regimen.

16. The Medicaid agency provides the following assurances to HCFA:

a. Necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. Those safeguards include:

1. Adequate standards for all types of providers that furnish services under the waiver (see Appendix B);
2. Assurance that the standards of any State licensure or certification requirements are met for services or for individuals furnishing services that are provided under the waiver (see Appendix B). The State assures that these requirements will be met on the date that the services are furnished; and
3. Assurance that all facilities covered by section 1616(e) of the Social Security Act, in which home and community-based services will be provided, are in compliance with applicable State standards that meet the requirements of 45 CFR Part 1397 for board and care facilities.

b. The agency will provide for an evaluation (and periodic reevaluations, at least annually) of the need for a level of care indicated in item 2 of this request, when there is a reasonable indication that individuals might need such services in the near future (one month or less), but for the availability of home and community-based services. The requirements for such evaluations and reevaluations are detailed in Appendix D.

c. When an individual is determined to be likely to require a level of care indicated in item 2 of this request and is included in the targeting criteria included in items 3 and 4 of this request, the individual or his or her legal representative will be:
   1. Informed of any feasible alternatives under the waiver; and
   2. Given the choice of either institutional or home and community-based services.

d. The agency will provide an opportunity for a fair hearing, under 42 CFR Part 431, subpart E, to persons who are not given the choice of home or community-based services as an alternative to institutional care indicated in item 2 of this request, or who are denied the service(s) of their choice, or the provider(s) of their choice.

e. The average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures for the level(s) of care indicated in item 2 of this request under the State plan that would have been made in that fiscal year had the waiver not been granted.

f. The agency's actual total expenditure for home and community-based and other Medicaid services under the waiver and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred by the State's Medicaid program for these individuals in the institutional setting(s) indicated in item 2 of this request in the absence of the waiver.

g. Absent the waiver, persons served in the waiver would receive the appropriate type of Medicaid-funded institutional care that they require, as indicated in item 2 of this request.

h. The agency will provide HCFA annually with information on the impact of the waiver on the type, amount and cost of services provided under the State plan and on the health and welfare of the persons served on the waiver. The information will be consistent with a data collection plan designed by HCFA.

i. The agency will assure financial accountability for funds expended for home and community-based services, provide for an independent audit of its waiver program (except as HCFA may otherwise specify for particular waivers), and it will maintain and make available to HHS, the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver, including reports of any independent audits conducted.

   The State conducts a single audit in conformance with the Single Audit Act of 1984, P.L. 98-502.

   a. __X__ Yes b. ____ No

17. The State will provide for an independent assessment of its waiver that evaluates the quality of care provided, access to care, and cost-neutrality. The results of the assessment will be submitted to HCFA at least 90 days prior to the expiration of the approved waiver period and cover the first 24 months (new waivers) or 48 months (renewal waivers) of the waiver.
a.____ Yes b.__X__ No

18. The State assures that it will have in place a formal system by which it ensures the health and welfare of the individuals served on the waiver, through monitoring of the quality control procedures described in this waiver document (including Appendices). Monitoring will ensure that all provider standards and health and welfare assurances are continuously met, and that plans of care are periodically reviewed to ensure that the services furnished are consistent with the identified needs of the individuals. Through these procedures, the State will ensure the quality of services furnished under the waiver and the State plan to waiver persons served on the waiver. The State further assures that all problems identified by this monitoring will be addressed in an appropriate and timely manner, consistent with the severity and nature of the deficiencies.

19. An effective date of ____March 1, 2003____ is requested.

20. The State contact person for this request is Madi Silverman, who can be reached by telephone at (808) 586-7754 ____.

21. This document, together with Appendices A through G, and all attachments, constitutes the State's request for a home and community-based services waiver under section 1915(c) of the Social Security Act. The State affirms that it will abide by all terms and conditions set forth in the waiver (including Appendices and attachments), and certifies that any modifications to the waiver request will be submitted in writing by the State Medicaid agency. Upon approval by HCFA, this waiver request will serve as the State's authority to provide home and community services to the target group under its Medicaid plan. Any proposed changes to the approved waiver will be formally requested by the State in the form of waiver amendments.

The State assures that all material referenced in this waiver application (including standards, licensure and certification requirements) will be kept on file at the Medicaid agency.

Signature: _____
Print Name: Lillian B. Koller, Esq.
Title: Director
Department of Human Services
Date: January 24, 2003

APPENDIX A - ADMINISTRATION

LINE OF AUTHORITY FOR WAIVER OPERATION

CHECK ONE:

____ The waiver will be operated directly by the Medical Assistance Unit of the Medicaid agency.

____ The waiver will be operated by _____, a separate agency of the State, under the supervision of the Medicaid agency. The Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. A copy of the interagency agreement setting forth the authority and arrangements for this policy is on file at the Medicaid agency.

__X__ The waiver will be operated by Social Services Division/ Adult and Community Care Services Branch (SSD/ACCSB), a separate division within the Single State agency (aka "Department of Human Services). The Medicaid agency exercises administrative discretion in the administration and oversight of the waiver and issues policies, rules and regulations related to the waiver. A copy of the interagency agreement setting forth the authority and arrangements for this policy is on file at the Medicaid agency.

APPENDIX B - SERVICES AND STANDARDS

APPENDIX B-1: DEFINITION OF SERVICES

The State requests that the following home and community-based services, as described and defined herein, be included under this waiver. Provider qualifications/standards for each service are set forth in Appendix B-2.

a. _X_ Case Management

_X_ Services which will assist individuals who receive waiver services in gaining access to needed waiver and other State plan services, as well as needed medical, social, educational and other services, regardless of the funding source for the services to which access is gained. Transitional case management services may be furnished for children who are institutionalized prior to enrollment in the waiver. Payment for transitional case management services will be claimed up to 180 days, as a single unit of transitional case management services, claimed on the date the client is admitted to the waiver program when this service is not covered under the State Plan.

Case managers shall be responsible for ongoing monitoring of the provision of services included in the individual's plan of care.
1._X_ Yes 2.___ No

Case managers shall initiate and oversee the process of assessment and reassessment of the individual's level of care and the review of plans of care at such intervals as are specified in Appendices C & D of this request.
1._X_ Yes 2.___ No

___ Other Service Definition (Specify):

b.____ Homemaker:

____ Services consisting of general household activities (meal preparation and routine household care) provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home. Homemakers shall meet such standards of education and training as are established by the State for the provision of these activities.

___ Other Service Definition (Specify): _____

c.____ Home Health Aide services:

___ Services defined in 42 CFR 440.70, with the exception that limitations on the amount, duration and scope of such services imposed by the State's approved Medicaid plan shall not be applicable. The amount, duration and scope of these services shall instead be in accordance with the estimates given in Appendix G of this waiver request. Services provided under the waiver shall be in addition to any available under the approved State plan.

___ **Other Service Definition (Specify):**

d.____Personal care:

___ Assistance with activities of daily living*.* This service may include assistance with preparation of meals, but does not include the cost of the meals themselves*.* When specified in the plan of care, this service may also include housekeeping chores as bedmaking, dusting and vacuuming which are essential to the health and welfare of the client.

Personal assistance providers must meet State standards for this service. These standards are included in Appendix B-2.

1. Services provided by family members (Check one):
   - ___ Payment will not be made for personal care services furnished by a member of the individual's family.
   - ___ Personal assistance providers may be members of the individual's family. Payment will not be made for services furnished to a minor by the child's parent (or step-parent/legal guardian), or to an individual by that person's spouse.

   (Check one):
   - ____ Family members who provide personal care services must meet the same standards as providers who are unrelated to the individual.
   - ____ Standards for family members providing personal services differ from those for other providers of this service. The different standards are indicated in Appendix B-2a.

2. Supervision of personal care providers will be furnished by (Check all that apply):
   - ____ A registered nurse, licensed to practice nursing in the State.
   - ____ A licensed practical or vocational nurse, under the supervision of a registered nurse, as provided under State law.
   - ____ Case managers
   - ____ Other (Specify):

3. Frequency or intensity of supervision (Check one):
   ___ As indicated in the plan of care
   ___ Other (Specify):

4. Relationship to State plan services (Check one):
   ___ Personal care services are not provided under the approved State plan.
   ___ Personal care services are included in the State plan, but with limitations. The waivered service will serve as an extension of the State plan service, in accordance with documentation provided in Appendix G of this waiver request.
   ___ Personal care services under the State plan differ in service definition or provider type from the services to be offered under the waiver.

   ___ Other service definition (Specify): _____

e. _X_ Respite care:

_X_ Services provided to individuals unable to care for themselves; furnished for relief of those persons normally providing the care; or for client's short-term relief from caregiving situation.

___ Other service definition (Specify):

FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

Respite care will be provided in the following location(s)
(Check all that apply):

_X_ Individual's home or place of residence
_X_ Foster home (Waiver contracted certified child foster home)

___ Medicaid certified Hospital
_X_ Medicaid certified NF- (SNF & Ventilator dependent/Subacute services)
___ Medicaid certified ICF/MR
___ Group home
___ Licensed respite care facility
_X_ Other community care residential facility approved by the State (Specify type): Private residence under contract with the Medicaid Agency;

___ Other service definition (Specify):

f. X Medically fragile day care:

X Services furnished 4 or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual. Meals provided as part of these services shall not constitute a “full nutritional regimen" (3 meals per day).

Medically fragile day care (MFDC) is a non-residential service for children who are medically and/or technologically dependent. As part of the continuum of care for these dependent children, the MFDC includes an array of services focused on meeting the psychological as well as developmental, physical, functional, nutritional and social needs of the children served. The MFDC provides a less restrictive alternative to institutionalization and reduces the isolation which the homebound medically fragile child may experience. This service is not covered under the State Plan.

Transportation between the individual's place of residence and the adult day health center will be provided as a component part of adult day health services. The cost of this transportation is included in the rate paid to providers of adult day health services. (Check one):

1. ___ Yes 2. X No

____ Other service definition (Specify):

Qualifications of the providers of medically fragile day care services are contained in Appendix B-2.

g. ___ Habilitation:

___ Services designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. This service includes:

___ Residential habilitation: assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting. Payments for residential habilitation are not made for room and board, the cost of facility maintenance, upkeep and improvement, other than such costs for modifications or adaptations to a facility required to assure the health and safety of residents, or to meet the requirements of the applicable life safety code. Payment for residential habilitation does not include payments made, directly or indirectly, to members of the individual's

immediate family. Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid. Documentation which shows that Medicaid payment does not cover these components is attached to Appendix G.

___ Day habilitation: assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills which takes place in a non-residential setting, separate from the home or facility in which the individual resides. Services shall normally be furnished 4 or more hours per day on a regularly scheduled basis, for 1 or more days per week unless provided as an adjunct to other day activities included in an individual's plan of care.

Day habilitation services shall focus on enabling the individual to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the plan of care. In addition, day habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings.

___ Prevocational services not available under a program funded under section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)). Services are aimed at preparing an individual for paid or unpaid employment, but are not job-task oriented. Services include teaching such concepts as compliance, attendance, task completion, problem solving and safety. Prevocational services are provided to persons not expected to be able to join the general work force or participate in a transitional sheltered workshop within one year (excluding supported employment programs). Prevocational services are available only to individuals who have previously been discharged from a SNF, ICF, NF or ICF/MR. Check one:

___ Individuals will not be compensated for prevocational services.

___ When compensated, individuals are paid at less than 50 percent of the minimum wage.

Activities included in this service are not primarily directed at teaching specific job skills, but at underlying habilitative goals, such as attention span and motor skills. All prevocational services will be reflected in the individual's plan of care as directed to habilitative, rather than explicit employment objectives.

Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142; and
2. The individual has been deinstitutionalized from a SNF, ICF, NF, or ICF/MR at some prior period.

___ Educational services, which consist of special education and related services as defined in sections (15) and (17) of the Individuals with Disabilities Education Act, to the extent to which they are not available under a program funded by IDEA. Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142; and
2. The individual has been deinstitutionalized from a SNF, ICF, NF, or ICF/MR at some prior period.

___ Supported employment services, which consist of paid employment for persons for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities needed to sustain paid work by individuals receiving waiver services, including supervision and training. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by individuals receiving waiver services as a result of their disabilities and will not include payment for the supervisory activities rendered as a normal part of the business setting.

Supported employment services furnished under the waiver are not available under a program funded by either the Rehabilitation Act of 1973 or P.L. 94-142. Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142; and

2. The individual has been deinstitutionalized from a SNF, ICF, NF, or ICF/MR at some prior period.

FFP will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
2. Payments that are passed through to users of supported employment programs; or
3. Payments for vocational training that is not directly related to an individual's supported employment program.

Transportation will be provided between the individual's place of residence and the site of the habilitation services, or between habilitation sites (in cases where the individual receives habilitation services in more than one place) as a component part of habilitation services. The cost of this transportation is included in the rate paid to providers of the appropriate type of habilitation services.
1.___Yes 2.___No

___ Other service definition (Specify): _____

The State requests the authority to provide the following additional services, not specified in the statute. The State assures that each service is cost-effective and necessary to prevent institutionalization. The cost neutrality of each service is demonstrated in Appendix G. Qualifications of providers are found in Appendix B-2.

h. _X_ Environmental accessibility adaptations:

_X_ Those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual. An air conditioner may be purchased and installed when it is necessary for health and safety of the participant. Excluded are those adaptations or improvements to the home which are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable State or local building codes.

____ Other service definition (Specify):_____

i.____ Skilled Nursing:

____ Services listed in the plan of care which are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the State.

___ Other service definition (Specify):

j._X_ Non-Medical Transportation:

_X_ Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the individual's plan of care. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge will be utilized.

___ Other service definition (Specify):

k._X_Specialized Medical Equipment and Supplies:

_X_ Specialized medical equipment and supplies to include **purchase, rental, lease, warranty costs, assessment costs, installation, repairs and removal of** devices, controls, or appliances, specified in the plan of care/service plan which allow the family to care for the child at home, enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, participate in or communicate with the environment in which they live.

This service also includes items necessary for life support, ancillary. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. .
Equipment and supplies include:

- Specialized infant car seats;
- Modification of parent-owned motor vehicle to accommodate the child, i.e. wheelchair lifts;
- Intercoms for monitoring the child's room;
- Shower seat;
- Portable humidifiers;
- Electric bills specific to electrical life support devices (ventilator, oxygen concentrator); and
- Medical supplies not covered by State Plan.

Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State plan and shall exclude those items which are not of direct medical or remedial benefit to the individual. All items shall meet applicable standards of manufacture, design and installation.

___ Other service definition (Specify)_____
_____

l.____ Chore services:

___ Services needed to maintain the home in a clean, sanitary and safe environment. This service includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress. These services will be provided only in cases where neither the individual, nor anyone else in the household, is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third-party payor is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service.

___ Other service definition (Specify):_____

m.__ Personal Emergency Response Systems (PERS)

___ PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals, as specified in Appendix B-2. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision.

___ Other service definition (Specify):_____

n.____ Adult companion services:

___ Non-medical care, supervision and socialization, provided to a functionally impaired adult. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks which are incidental to the care and supervision of the individual. This service is provided in accordance with a therapeutic goal in the plan of care, and is not purely diversional in nature.

___ Other service definition (Specify):

o.____ Private duty nursing:

____ Individual and continuous care (in contrast to part time, intermittent care skilled nursing services under the State Plan) listed in the plan of care, provided by licensed nurses within the scope of State law. These services are provided to an individual at home.

___ Other service definition (Specify):

p.__X__ Family training:

__X__ Training and counseling services for the families of individuals served on this waiver. For purposes of this service, "family" is defined as the persons who live with or provide care to a person served on the waiver, and may include a parent, spouse, children, relatives, foster family, or in-laws. "Family" does not include individuals who are employed to care for the consumer. Training includes instruction about treatment regimens and use of equipment specified in the plan of care, and shall include updates as necessary to safely maintain the individual at home. Training may also include nutrition training which shall include an assessment, education, and planning services provided by a nutritionist or dietician to a client or client's family regarding proper nutrition. All family training must be included in the individual's written plan of care.

Post admission: Placement maintenance counseling to provide supportive counseling/ training.

___ Other service definition (Specify):

q.__X__ Attendant care services:

__X__ Hands-on care, of both a supportive and health-related nature, which includes client supervision, specific to the needs of a medically stable, physically handicapped individual.

Supportive services are those which substitute for the absence, loss, diminution, or impairment of a physical or cognitive function. This service may include skilled or nursing care to the extent permitted by State law. Housekeeping activities which are incidental to the performance of care may also be furnished as part of this activity. This service is not covered under the State Plan.

Supervision (Check all that apply):

__X__ Supervision will be provided by a Registered Nurse, licensed to practice in the State. The frequency and intensity of supervision will be specified in the individual's written plan of care.

__X__ Supervision may be furnished directly by the individual's parent, guardian or legal representative, when that person has been trained to perform this function, and when the safety and efficacy of consumer-provided supervision has been certified in writing by a registered nurse or otherwise as provided in State law. This certification must be based on direct observation of the consumer and the specific attendant care provider, during the actual provision of care. Documentation of this certification will be maintained in the consumer's individual plan of care.

___ Other supervisory arrangements (Specify):_____

___ Other service definition (Specify):_____

r.____ Adult Residential Care (Check all that apply):

___ Adult foster care: Personal care and services, homemaker, chore, attendant care and companion services medication oversight (to the extent permitted under State law) provided in a licensed (where applicable) private home by a principal care provider who lives in the home. Adult foster care is furnished to adults who receive these services in conjunction with residing in the home. The total number of individuals (including persons served in the waiver) living in the home, who are unrelated to the principal care provider, cannot exceed__). Separate payment will not be made for homemaker or chore services furnished to an individual receiving adult foster care services, since these services are integral to and inherent in the provision of adult foster care services.

___ Assisted living: Personal care and services, homemaker, chore, attendant care, companion services, medication oversight (to the extent permitted under State law), therapeutic social and recreational programming, provided in a home-like environment in a licensed (where applicable) community care facility, in conjunction with residing in the facility. This service includes 24 hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety and security. Other individuals or agencies may also furnish care directly, or under arrangement with the community care facility, but the care provided by

these other entities supplements that provided by the community care facility and does not supplant it.

Personalized care is furnished to individuals who reside in their own living units (which may include dually occupied units when both occupants consent to the arrangement) which may or may not include kitchenette and/or living rooms and which contain bedrooms and toilet facilities. The consumer has a right to privacy. Living units may be locked at the discretion of the consumer, except when a physician or mental health professional has certified in writing that the consumer is sufficiently cognitively impaired as to be a danger to self or others if given the opportunity to lock the door. (This requirement does not apply where it conflicts with fire code.) Each living unit is separate and distinct from each other. The facility must have a central dining room, living room or parlor, and common activity center(s) (which may also serve as living rooms or dining rooms). The consumer retains the right to assume risk, tempered only by the individual's ability to assume responsibility for that risk. Care must be furnished in a way which fosters the independence of each consumer to facilitate aging in place. Routines of care provision and service delivery must be consumer-driven to the maximum extent possible, and treat each person with dignity and respect.

Assisted living services may also include (Check all that apply):

___ Home health care
___ Physical therapy
___ Occupational therapy
___ Speech therapy
___ Medication administration
___ Intermittent skilled nursing services
___ Transportation specified in the plan of care
___ Periodic nursing evaluations
___ Other (Specify)_____

However, nursing and skilled therapy services (except periodic nursing evaluations if specified above) are incidental, rather than integral to the provision of assisted living services. Payment will not be made for 24-hour skilled care or supervision. FFP is not available in the cost of room and board furnished in conjunction with residing in an assisted living facility.

___ Other service definition (Specify):

Payments for adult residential care services are not made for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep and improvement. Payment for adult residential care services does not include payments made, directly or indirectly, to members of the consumer's immediate family. The methodology by which payments are calculated and made is described in Appendix G.

s. X Other waiver services which are cost-effective and necessary to prevent institutionalization (Specify):

HOME MAINTENANCE

Home maintenance shall mean those services not included under Attendant Care services but necessary to maintain a safe, clean and sanitary environment when such services are included in the plan of care. Services included are heavy duty cleaning, which is utilized only to bring a home up to acceptable standards of cleanliness at the inception of service to a client; minor repairs to essential appliances limited to stoves, refrigerators, and water heaters; and fumigation or extermination services to deal specifically with rats, cockroaches, and fleas/ticks which are a serious problem in Hawaii and can create serious health hazards for human beings whose homes they infest. This service is not covered under the State Plan.

MOVING ASSISTANCE

Moving Assistance is assistance in relocating individuals including all the activities involved in preparing for the move, actual moving, and re-establishing the client in the new home when such services are included in the plan of care. Reasons for clients having to move may include an unsafe home due to deterioration, wheelchair-bound clients living in a building with no elevator, home unable to support the client's additional needs for equipment, no longer able to afford the home due to a rent increase. This service is not covered under the state plan.

The cost effectiveness of these services is demonstrated in Appendix G. Provider qualifications are found in Appendix B-2. This service is necessary to prevent the institutionalization of the client.

t. ____ Extended State plan services:

The following services, available through the approved State plan, will be provided, except that the limitations on amount, duration and scope specified in the plan will not apply. Services will be as defined and described in the approved State plan. The provider qualifications listed in the plan will apply, and are hereby incorporated into this waiver request by reference. These services will be provided under the State plan until the plan limitations have been reached. Documentation of the extent of services and cost-effectiveness are demonstrated in Appendix G. (Check all that apply):

___ Physician services
___ Home health care services
___ Physical therapy services
___ Occupational therapy services
___ Speech, hearing and language services
___ Prescribed drugs
___ Other State plan services (Specify):

u.____ Services for individuals with chronic mental illness, consisting of (Check one):

___ Day treatment or other partial hospitalization services (Check one):

___ Services that are necessary for the diagnosis or treatment of the individual's mental illness. These services consist of the following elements:

a. individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under State law);
b. occupational therapy, requiring the skills of a qualified occupational therapist;
c. services of social workers, trained psychiatric nurses, and other staff trained to work with individuals with psychiatric illness;
d. drugs and biologicals furnished for therapeutic purposes;
e. individual activity therapies that are not primarily recreational or diversionary;
f. family counseling (the primary purpose of which is treatment of the individual's condition);
g. training and education of the individual (to the extent that training and educational activities are closely and clearly related to the individual's care and treatment); and
h. diagnostic services.

Meals and transportation are excluded from reimbursement under this service. The purpose of this service is to maintain the individual's condition and functional level and to prevent relapse or hospitalization.

___ Other service definition (Specify):

___ Psychosocial rehabilitation services (Check one):

___ Medical or remedial services recommended by a physician or other licensed practitioner under State law, for the maximum reduction of physical or mental disability and the restoration of maximum functional level. Specific services include the following:

a. restoration and maintenance of daily living skills (grooming,personal hygiene, cooking, nutrition, health and mental health education, medication management, money management and maintenance of the living environment);
b. social skills training in appropriate use of community services;
c. development of appropriate personal support networks, therapeutic recreational services (which are focused on therapeutic intervention, rather than diversion); and
d. telephone monitoring and counseling services.

The following are specifically excluded from Medicaid payment for psychosocial rehabilitation services:

a. vocational services,
b. prevocational services,
c. supported employment services, and
d. room and board.

___ Other service definition (Specify):_____

___ Clinic services (whether or not furnished in a facility) are services defined in 42 CFR 440.90.

Check one:

___ This service is furnished only on the premises of a clinic.

___ Clinic services provided under this waiver may be furnished outside the clinic facility. Services may be furnished in the following locations (Specify):

APPENDIX B-2
PROVIDER QUALIFICATIONS
A. LICENSURE AND CERTIFICATION CHART

The following chart indicates the requirements for the provision of each service under the waiver. Licensure, Regulation, State Administration Code are referenced by citation. Standards not addressed under uniform State citation are attached.

SERVICE	PROVIDER	LICENSE	CERTIFICATION/ REGISTRATION	OTHER STANDARD
1. Case Management	RN, Social Worker,	HRS 457; HRS 467E	N/A	DHS Contract
2. Family Training	Social Worker; Psychiatrist; Psychologist; RN; MD; Dietician; Nutritionist; Physical Therapist; Occupational Therapist; Respiratory Therapist; Speech Pathologist;	HRS 453; HRS 457; 457G HRS 461J; HRS 465; HRS 467E; HRS 468E; HAR Title 11, Chapter 97	Certified Respiratory Therapist (CRT); Registered Respiratory Therapist (RRT) Registered Dietician (RD)	DHS Contract; G.E. Tax License 42CFR 440.110
3. Attendant Care	Nurse Aide (NA), Certified Nurse Aide (CNA); Home Health Aide (HHA); Personal Care Aide (PCA); RN; LPN; Certified Child Foster Home; Individual Provider	HRS 457	Certified Nurse Aide (CNA), when required by local state code; HAR Title 17, Chapter 890	DHS Contract See Appendix B-2a
4. Respite (Hourly)	Nurse Aide (NA), Certified Nurse Aide (CNA); Home Health Aide (HHA); Personal Care Aide (PCA); RN; LPN; Certified Child Foster Home; Individual Provider	HRS 457	Certified Nurse Aide (CNA), when required by local state code; HAR Title 17, Chapter 890	DHS Contract See Appendix B-2a
5. Respite (Overnight)	Certified Child Foster Home; Certified NF or waiver contracted residences	HAR Title 11, Chapters: 93, 94	HAR Title 17, Chapter 890	DHS Contract See Appendix B-2a
6. Medically Fragile Day Care	Medically Fragile Day Care Facility	HAR Title 11, Chapters: 93-94; HAR Title 17, Chapters: 895, 892.1	HAR Title 17, Chapters: 890, 891.1	DHS Contract
7. (EAA) Environmental Accessibility Adaptations	Independent Contractor; Adaptive/Appliance Equipment Vendors;	HRS 444; HRS 448E; HRS 464 when required by local/state code	N/A	G.E. Tax License
8. Non-Medical Transportation	Taxis; Vans for Disabled, Etc.	HRS 271, HRS 286 and PUC Licensure as applicable	N/A	DHS Contract; G.E. Tax License

SERVICE	PROVIDER	LICENSE	CERTIFICATION/ REGISTRATION	OTHER STANDARD
9. Special Equipment & Supplies	Adaptive/Appliance Equipment Vendors; PT;OT; Medical Supply Companies	HRS457G; HRS461J as applicable	Medicare certified, as required	G.E. Tax License 42CFR 440.110
10. Moving Assistance	Moving Company	HRS 271, HRS 286 and P.U.C. licensure, as applicable	N/A	G.E. Tax License
11. Home Maintenance	Independent Contractor; Janitorial Services	HRS 460J	N/A	G.E. Tax License

N/A means not applicable

B. ASSURANCE THAT REQUIREMENTS ARE MET

The State assures that the standards of any State licensure or certification requirements are met for services or for individuals furnishing services provided under the waiver.

C. PROVIDER REQUIREMENTS APPLICABLE TO EACH SERVICE

For each service for which standards other than, or in addition to State licensure or certification must be met by providers, the applicable educational, professional, or other standards for service provision or for service providers are attached to this Appendix, tabbed and labeled with the name of the service(s) to which they apply.

When the qualifications of providers are set forth in State or Federal law or regulation, it is not necessary to provide copies of the applicable documents. However, the documents must be on file with the State Medicaid agency, and the licensure and certification chart at the head of this Appendix must contain the precise citation indicating where the standards may be found.

D. FREEDOM OF CHOICE

The State assures that each individual found eligible for the waiver will be given free choice of all qualified providers of each service included in his or her written plan of care.

APPENDIX B-2a

ADDITIONAL PROVIDER QUALIFICATIONS

Provider Type: Attendant/Respite [Contracted waiver providers]

MINIMUM STANDARDS:

1. Age 18 or older;

2. Current tuberculosis clearance, first aid and cardiopulmonary resuscitation training;

3. Current blood borne pathogen/infection control training and annual updates according to O.S.H.A. guidelines;

4. Signed statement that the individual has no criminal history of conviction or any felony that would have a detrimental effect on the clients being served, such as theft, abuse, neglect, or assault;

5. Assurance of skills competency to perform the activities of daily living and nursing tasks as specified in the client's service plan (excluding licensed nurses); and

6. Able to communicate and understand written instructions/service plans and verbal instructions.

EXEMPTION:

Family members who provide services for reimbursement shall be exempt from:

- Current cardio-pulmonary resuscitation (CPR) as documented in the consumer service plan;
- Current tuberculosis clearance and documentation of current first aid training; and
- Signed statement that individual has no criminal history.

Exemption from these requirements shall be agreed upon and documented in writing by the parent/guardian/or legal representative, and the contract provider.

Family member exemptions are client-specific and not applicable to services provided to other clients.

APPENDIX B-3
KEYS AMENDMENT STANDARDS FOR BOARD AND CARE FACILITIES

KEYS AMENDMENT ASSURANCE:

The State assures that all facilities covered by section 1616(e) of the Social Security Act, in which home and community-based services will be provided, are in compliance with applicable State standards that meet the requirements of 45 CFR Part 1397 for board and care facilities.

APPLICABILITY OF KEYS AMENDMENT STANDARDS:

Check one:

___ Home and community-base services will not be provided in facilities covered by section 1616(e) of the Social Security Act. Therefore, no standards are provided.

_x_ A copy of the standards applicable to each type of facility identified above is maintained by the Medicaid agency.

APPENDIX C-Eligibility and Post-Eligibility

APPENDIX C-1 Eligibility (pages C-1 - C-3)
MEDICAID ELIGIBILITY GROUPS SERVED

Individuals receiving services under this waiver are eligible under the following eligibility group(s) in your State plan. The State will apply all applicable FFP limits under the plan. (Check all that apply.)

1._____ Low income families with children as described in section 1931 of the Social Security Act.

2._____ SSI clients (SSI Rules States and 1634 States).

3._X_ Aged, blind or disabled in 209(b) States who are eligible under § 435.121 (aged, blind or disabled who meet requirements that are more restrictive than those of the SSI program).

4._____ Optional State supplement clients.

5._X_ Optional categorically needy aged and disabled who have income at (Check one):

a._X_ 100% of the Federal poverty level (FPL)

b.___% Percent of FPL which is lower than 100%.

6._X_ The special home and community-based waiver group under 42 CFR 435.217

(Individuals who would be eligible for Medicaid if they were in an institution, who have been determined to need home and community-based services in order to remain in the community, and who are covered under the terms of this waiver).

Spousal impoverishment rules are used in determining eligibility for the special home and community-based waiver group at 42 CFR 435.217.

___ A. Yes _X_ B. No

Check one:

a.____The waiver covers all individuals who would be eligible for Medicaid if they were in a medical institution and who need home and community-based services in order to remain in the community; or

b._X_Only the following groups of individuals who would be eligible for Medicaid if they were in a medical institution and who need home and community-based services in order to remain in the community are included in this waiver: (check all that apply):

(1)___A special income level equal to:

_____ 300% of the SSI Federal benefit (FBR)

___% of FBR, which is lower than 300% (42 CFR 435.236)

$_____ which is lower than 300%

(2)_X_Aged, blind and disabled who meet requirements that are more restrictive than those of the SSI program. (42 CFR 435.121)

(3)___Medically needy without spenddown in States which also

provide Medicaid to clients of SSI. (42 CFR 435.320, 435.322, and 435,324.)

(4) X Medically needy without spenddown in 209(b) States.(42 CFR 435.330)

(5) X Aged and disabled who have income at:

a. X 100% of the FPL

b. ___% which is lower than 100%.

(6) ___Other (Include statutory reference only to reflect additional groups included under the State plan.)

Since this waiver applies to medically fragile children who would not have a spouse, spousal improverishment rules are not applicable.

7. X Medically needy (42 CFR 435.320, 435.322, 435.324 and 435.330)

8. X Other (Include only statutory reference to reflect additional groups under your plan that you wish to include under this waiver).

42 CFR 435.115 (e)(1), 435.115 (e)(2)

APPENDIX C-2 Post-Eligibility (pages C-4 - C-5)

GENERAL INSTRUCTIONS

ALL Home and Community-Based waiver clients found eligible under 435.217 are subject to post-eligibility calculations.

Eligibility and post-eligibility are two separate processes with two separate calculations. Eligibility determines whether a person may be served on the waiver. Post-eligibility determines the amount (if any) by which Medicaid reduces its payment for services furnished to a particular individual. By doing so, post-eligibility determines the amount (if any) for which an individual is liable to pay for the cost of waiver services.

An eligibility determination (and periodic redetermination) must be made for each person served on the waiver.

Post-eligibility calculations are made ONLY for persons found eligible under §435.217.

Post-eligibility determinations must be made for all groups of individuals who would be eligible for Medicaid if they were in a medical institution and needed home and community-based services in order to remain in the community (§435.217). For individuals whose eligibility is not determined under the spousal rules (§1924 of the Social Security Act), the State must use the regular post-eligibility rules at 435.726 and 435.735. However, for persons found eligible for Medicaid using the spousal impoverishment rules, the State has two options with regard to the application of post-eligibility rules:

OPTION 1: The State may use the post-eligibility (PE) rules under 42 CFR §435.726 and §435.735 just as it does for other individuals found eligible under §435.217; or

OPTION 2: It may use the spousal post-eligibility rules under §1924.

REGULAR POST-ELIGIBILITY RULES--§435.726 and §435.735

- The State must provide an amount for the maintenance needs of the individual. This amount must be based upon a reasonable assessment of the individual's needs in the community.

- If the individual is living with his or her spouse, or if the individual is living in the community and the spouse is living at home, the State must protect an additional amount for the spouse's maintenance. This amount is limited by the highest appropriate income standard for cash assistance, or the medically needy standard. The State may choose which standard to apply.

- If the individual's spouse is not living in the individual's home, no maintenance amount is protected for that spouse's needs.

- If other family members are living with the individual, an additional amount is protected for their needs. This amount is limited by the AFDC eligibility standard for a family of the same size or by the appropriate medically needy standard for a family of the same size. The State may choose which standard to apply.

SPOUSAL POST-ELIGIBILITY--§1924

When a person who is eligible as a member of a 42 CFR 435.217 group has a community spouse, the State may treat the individual as if he or she is institutionalized and apply the post-eligibility rules of §1924 of the Act (protection against spousal impoverishment) instead of the rules under 42 CFR 435.726 and 435.735. The §1924 post-eligibility rules provide for a more generous community spouse and family allowance than the rules under 42 CFR 435.726 and 435.735.

The spousal protection rules also provide for protecting a personal needs allowance (PNA) "described in §1902(q)(1)" for the needs of the institutionalized individual. This is an allowance "which is reasonable in amount for clothes and other personal needs of the individual . . . while in an institution." For institutionalized individuals this amount could be as low as $30 per month, but must be a reasonable amount for clothing and other personal needs of an individual while in an institution. Unlike institutionalized individuals whose room and board are covered by Medicaid, the personal needs of the home and community-based services client must include a reasonable amount for food and shelter as well as for clothing. Therefore, the $30 PNA may not be a reasonable amount when the waiver client is living in the community.

Therefore, States which elect to treat home and community-based services waiver participants with community spouses under the §1924 spousal rule may use as the personal needs allowance either the maintenance amount which the State has elected under 42 CFR 435.726 or 42 CFR 435.735, or an amount that the State can demonstrate is a reasonable amount to cover the individual’s maintenance needs in the community.

POST-ELIGIBILITY (pages C-9 - C11)

REGULAR POST ELIGIBILITY

1.(b) X **209(b) State,** a State that is using more restrictive eligibility requirements than SSI. The State is using the post-eligibility rules at 42 CFR 435.735. Payment for home and community-based waiver services are reduced by the amount remaining after deduction the following amounts from the waiver recipients income.

B. **42 CFR 435.735**-States using more restrictive requirements than SSI.

a. Allowances for the needs of the

1. Individual: (check one):

A. X The following standard included under the State plan (check one):

(1) ___ SSI

(2) ___ Medically needy

(3) ___ The special income level for the institutionalized

(4) X The following percentage of the FPL :100 %

(5) ___ Other (specify):_____

B. ___ The following dollar amount: $_____*

* If this amount changes, this item will be revised.

C. ___ The following formula is used to determine the amount:

Note: If the amount protected for waiver clients in 1. is equal to, or greater than the maximum amount of income a waiver client may have and be eligible under §435.217, enter NA in items 2. and 3. following.

2. Spouse only (check one):

A. ___ The following standard under 42 CFR 435.121:___

B. ___ The medically needy income standard_____;

C. ___ The following dollar amount: $_____*

*If this amount changes, this item will be revised.

D. ___ The following percentage of the following standard that is not greater than the standards above: ___% of ___.

E. ___ The following formula is used to determine the amount:

F. X Not applicable (N/A)

3. Family (check one):

A. ___ AFDC need standard

B. ___ Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically income standard established under 435.811 for a family of the same size.

C. ___ The following dollar amount:$_____*

*If this amount changes, this item will be revised.

D. ___ The following percentage of the following standard that is not greater that the standards above: _____% of standard.

E. ___ The following formula is used to determine the amount:

F. ___ Other

G. X Not applicable (N/A)

b. Medical and remedial care expenses specified in 42 CFR 435.735.

POST ELIGIBILITY (pages C12 - C-13)

SPOUSAL POST ELIGIBILITY

2.____ The State uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the individual's contribution towards the cost of home and community-based care if it determines the individual's eligibility under §1924 of the Act. There shall be deducted from the individual's monthly income a personal needs allowance (as specified below), and a community spouse's allowance, a family allowance, and an amount for incurred expenses for medical or remedial care, as specified in the State Medicaid plan.

(A) Allowance for personal needs of the individual:
(check one)
(a)___SSI Standard
(b)___Medically Needy Standard
(c)___The special income level for the institutionalized
(d)___The following percent of the FPL: ____%
(e)___The following dollar amount $_____**
**If this amount changes, this item will be revised.
(f)____The following formula is used to determine the needs allowance:
(g)___Other (specify):
_____
_____

If this amount is different from the amount used for the individual's maintenance allowance under 42 CFR 435.726 or 42 CFR 435. 735, explain why you believe that this amount is reasonable to meet the individual's maintenance needs in the community.
_____
_____
_____

APPENDIX D
ENTRANCE PROCEDURES AND REQUIREMENTS

APPENDIX D-1

A. EVALUATION OF LEVEL OF CARE

The agency will provide for an evaluation (and periodic reevaluations) of the need for the level(s) of care indicated in item 2 of this request, when there is a reasonable indication that individuals might need such services in the near future, but for the availability of home and community-based services.

B. QUALIFICATIONS OF INDIVIDUALS PERFORMING INITIAL EVALUATION

The educational/professional qualifications of persons performing initial evaluations of level of care for waiver participants are (Check all that apply):

___ Discharge planning team

_X_ Physician (M.D. or D.O.)

_X_ Registered Nurse, licensed in the State

____ Licensed Social Worker (or, as applicable, SWs with Bachelors or Masters degree in social work from an accredited school)

___ Qualified Mental Retardation Professional, as defined in 42 CFR 483.430(a); (if no other member of team is a QMRP)

_X_ Other (Specify): Only the DHS Reviewer or their designee may approve the level of care evaluations. The DHS Reviewer is a physician. The designee can be a physician or a registered nurse. DHS has the final approval and authority to override decisions made by the contracted designee.

APPENDIX D-2

A. REEVALUATIONS OF LEVEL OF CARE

Reevaluations of the level of care required by the individual will take place (at a minimum) according to the following schedule (Specify):

_____Every 3 months
_____Every 6 months
__X__Every 12 months
__X__Other (Specify):
All individuals will be scored using the Medically Fragile Objective Scoring Criteria Tool by the RN Case Manager (CMRN). Individuals must receive a minimum score of 50 to be admitted to the waiver or if already a waiver recipient, to remain on the waiver.

Factors that may trigger earlier LOC determinations or health and psychosocial reassessments include a DHS recommendation for a shorter time frame for reassessment; hospitalizations; and changes in medical condition, behavior, and or functioning, including conditions which require the termination of nursing interventions.

B. QUALIFICATIONS OF PERSONS PERFORMING REEVALUATIONS

Check one:

__X__The educational/professional qualifications of person(s) performing reevaluations of level of care are the same as those for persons performing initial evaluations.
_____The educational/professional qualifications of persons performing reevaluations of level of care differ from those of persons performing initial evaluations. The following qualifications are met for individuals performing reevaluations of level of care (Specify):
_____Physician (M.D. or D.O.)
_____Registered Nurse, licensed in the State
_____Licensed Social Worker
_____Qualified Mental Retardation Professional, as defined in 42 CFR 483.430(a)
_____Other Specify):_____

C. PROCEDURES TO ENSURE TIMELY REEVALUATIONS

The State will employ the following procedures to ensure timely reevaluations of level of care (Check all that apply):

__X__"Tickler" file (as utilized by case management providers)
_____Edits in computer system
__X__Component part of case management
_____Other (Specify):

APPENDIX D-3

A. MAINTENANCE OF RECORDS

1. Records of evaluations and reevaluations of level of care will be maintained in the following location(s) (Check all that apply):

____ By the Medicaid agency in its central office
____ By the Medicaid agency in district/local offices
____ By the agency designated in Appendix A as having primary authority for the daily operations of the waiver program
_X_ By the case managers (Admission/Annual DHS level of care forms)
X By the persons or agencies designated as responsible for the performance of evaluations and reevaluations
____ By service providers
____ Other (Specify):

2. Written documentation of all evaluations and reevaluations will be maintained as described in this Appendix for a minimum period of 3 years.

B. COPIES OF FORMS AND CRITERIA FOR EVALUATION/ASSESSMENT

A copy of the written assessment instrument(s) to be used in the evaluation and re-evaluation of an individual's need for a level of care indicated in item 2 of this request is attached to this Appendix*: Exhibits D-1*

For persons diverted rather than deinstitutionalized, the State's evaluation process must provide for a more detailed description of their evaluation and screening procedures for individuals to ensure that waiver services will be limited to persons who would otherwise receive the level of care specified in item 2 of this request.

Check one:

_X_ The process for evaluating and screening diverted individuals is the same as that used for deinstitutionalized persons.

____ The process for evaluating and screening diverted individuals differs from that used for deinstitutionalized persons. Attached is a description of the process used for evaluating and screening diverted individuals.

APPENDIX D-4

A. FREEDOM OF CHOICE AND FAIR HEARING

1. When an individual is determined to be likely to require a level of care indicated in item 2 of this request, the individual or his or her legal representative will be:

   a. informed of any feasible alternatives under the waiver; and
   b. given the choice of either institutional or home and community-based services.

2. The agency will provide an opportunity for a fair hearing under 42 CFR Part 431, subpart E, to individuals who are not given the choice of home or community-based services as an alternative to the institutional care indicated in item 2 of this request or who are denied the service(s) of their choice, or the provider(s) of their choice.

3. The following are attached to this Appendix:

   a. A copy of the form(s) used to document freedom of choice and to offer a fair hearing;
   b. A description of the agency's procedure(s) for informing eligible individuals (or their legal representatives) of the feasible alternatives available under the waiver;
   c. A description of the State's procedures for allowing individuals to choose either institutional or home and community-based services; and
   d. A description of how the individual (or legal representative) is offered the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E.

(Refer to attachments for Service Authorization Form , Action Notices , and Consent Forms .

B. FREEDOM OF CHOICE DOCUMENTATION

Specify where copies of this form are maintained:
Service Authorization Forms (SAFs) originals are maintained in the waiver client's case file by the case management provider.

APPENDIX E - PLAN OF CARE
APPENDIX E-1

A. PLAN OF CARE DEVELOPMENT

1. The following individuals are responsible for the development of the plans of care together with the client and their legal representative:
   - X Case Manager
   - X Registered nurse, licensed to practice in the State
   - X Licensed practical or vocational nurse, acting within the scope of practice under State law
   - X Social Worker Qualifications : M.S.W. or Bachelor's in social work, Sociology, related field and 2 years of community-based
   - ___ Other (specify): High school graduate with 2 years work experience in a social service or health care setting.
   - ___ Physician (M.D. or D.O.) licensed to practice in the State
   - ___ Other: A copy of the plan of care/service plan shall be mailed to the client's physician.

2. Copies of written plans of care will be maintained for a minimum period of 3 years. Specify each location where copies of the plans of care will be maintained.
   - ___ At the Medicaid agency central office
   - ___ At the Medicaid agency county/regional offices
   - X By case managers
   - ___ By the agency specified in Appendix A
   - ___ By consumers
   - ___ Other (specify): _____

3. The plan of care is the fundamental tool by which the State will ensure the health and welfare of the individuals served under this waiver. As such, it will be subject to periodic review and update. These reviews will take place to determine the appropriateness and adequacy of the services, and to ensure that the services furnished are consistent with the nature and severity of the individual's disability. The minimum schedule under which these reviews will occur is:
   - X Every 3 months Face to face home visit
   - ___ Every 6 months
   - ___ Every 12 months
   - X Other (specify):
     The service plan is also reviewed, revised and updated as needed after each hospitalization. Monitoring contacts are made monthly with child/family to inquire about the adequacy of the waiver services and any needed changes to the service plan. All plans shall specify the minimal frequency of review required by each waiver client.

APPENDIX E-2

A. MEDICAID AGENCY APPROVAL

X The following is a description of the process by which the plan of care is made subject to the approval of the Medicaid agency:

DHS will perform annual reviews on a sample of plans of care to evaluate the performance of the waiver plan provider and implementation of the service plan.

B. STATUTORY REQUIREMENTS AND COPY OF PLAN OF CARE

1. The plan of care will contain, at a minimum, the type of services to be furnished, the amount, the frequency and duration of each service, and the type of provider to furnish each service.

2. A copy of the plan of care form to be utilized in this waiver is attached to this Appendix. = Refer to Exhibit E2

APPENDIX F - AUDIT TRAIL

A DESCRIPTION OF PROCESS

1. As required by sections 1905(a) and 1902(a)(32) of the Social Security Act, payments will be made by the Medicaid agency directly to the providers of waiver and State plan services.

2. As required by section 1902(a)(27) of the Social Security Act, there will be a provider agreement between the Medicaid agency and each provider of services under the waiver.

3. Method of payments (check one):

____ Payments for all waiver and other State plan services will be made through an approved Medicaid Management Information System (MMIS).

__X__ Payments for some, but not all, waiver and State plan services will be made through an approved MMIS. A description of the process by which the State will maintain an audit trail for all State and Federal funds expended, and under which payments will be made to providers is attached to this Appendix. HPMMIS was implemented in 11/1/02. Waiver services will be paid through the approved HPMMIS and the original ACCSB Client Data System.

____ Payment for waiver services will not be made through an approved MMIS. A description of the process by which payments are made is attached to this Appendix, with a description of the process by which the State will maintain an audit trail for all State and Federal funds expended.

_____Other (Describe in detail

B. BILLING AND PROCESS AND RECORDS RETENTION

1. Attached is a description of the billing process. This includes a description of the mechanism in place to assure that all claims for payment of waiver services are made only:

   a. When the individual was eligible for Medicaid waiver payment on the date of service;
   b. When the service was included in the approved plan of care;
   c. In the case of supported employment, prevocational or educational services included as part of habilitation services, when the individual was eligible to receive the services and the services were not available to the individual through a program funded under section 602(16) or (17) of the Individuals with Disabilities Education Act (P.L. 94-142) or section 110 of the Rehabilitation Act of 1973.

      ____ Yes
      __X__ No. These services are not included in this waiver.

2. The following is a description of all records maintained in connection with an audit trail. Check one:

   ____ All claims are processed through an approved MMIS.
   __X__ MMIS is not used to process all claims. ~~Attached is a description of records maintained with an indication of where they are to be found~~. Records for waiver services will be maintained in the HPMMIS and the ACCSB Client Data System.

3. Records documenting the audit trail will be maintained by the Medicaid agency, the agency specified in Appendix A (if applicable), and providers of waiver services for a minimum period of 3 years.

C. PAYMENT ARRANGEMENTS

1. Check all that apply:

   __X__ The Medicaid agency will make payments directly to providers of waiver services.

   _____ The Medicaid agency will pay providers through the same fiscal agent used in the rest of the Medicaid program.

   _____ The Medicaid agency will pay providers through the use of a limited fiscal agent who functions only to pay waiver claims.

   _____ Providers may voluntarily reassign their right to direct payments to the following governmental agencies (specify):

   _____ Providers who choose not to voluntarily reassign their right to direct payments will not be required to do so. Direct payments will be made using the following method:

2. Interagency agreement(s) reflecting the above arrangements are on file at the Medicaid agency.

APPENDIX G - FINANCIAL DOCUMENTATION

APPENDIX G-1
COMPOSITE OVERVIEW
COST NEUTRALITY FORMULA

INSTRUCTIONS: Complete one copy of this Appendix for each level of care in the waiver. If there is more than one level (e.g. hospital and nursing facility), complete a Appendix reflecting the weighted average of each formula value and the total number of unduplicated individuals served.

LEVEL OF CARE: NF/Hospital (Combined)

YEAR	FACTOR D	FACTOR D'	FACTOR G	FACTOR G'
1	6,099	77,238	218,574	37,935
2	6,376	80,714	228,410	39,642
3	6,661	84,346	238,689	41,426
4	6,962	88,141	249,430	43,290
5	7,272	92,108	260,654	45,238

LEVEL OF CARE: NF

YEAR	FACTOR D	FACTOR D'	FACTOR G	FACTOR G'
1	5,523	52,942	163,217	41,520
2	5,773	55,325	170,562	43,388
3	6,030	57,814	178,237	45,341
4	6,304	60,416	186,258	47,381
5	6,590	63,135	194,640	49,513

LEVEL OF CARE: Hospital

YEAR	FACTOR D	FACTOR D'	FACTOR G	FACTOR G'
1	6,219	82,365	273,931	34,359
2	6,496	86,071	286,258	35,906
3	6,790	89,945	299,140	37,521
4	7,095	93,992	312,601	39,210
5	7,415	98,222	326,668	40,974

FACTOR C: NUMBER OF UNDUPLICATED INDIVIDUALS SERVED

YEAR	UNDUPLICATED INDIVIDUALS
1	75
2	85
3	100
4	125
5	150

EXPLANATION OF FACTOR C:

Check one:

____ The State will make waiver services available to individuals in the target group up to the number indicated as factor C for the waiver year.

__X__ The State will make waiver services available to individuals in the target group up to the lesser of the number of individuals indicated as factor C for the waiver year, or the number authorized by the State legislature and/or funding appropriation for that time period.

The State will inform CMS in writing of any limit which is less than factor C for that waiver year.

APPENDIX G-2
METHODOLOGY FOR DERIVATION OF FORMULA VALUES

FACTOR D
LOC: NF/Hospital

The July 25, 1994 final regulation defines Factor D as:

> "The estimated annual average per capita Medicaid cost for home and community-based services for individuals in the waiver program."

The demonstration of Factor D estimates is on the following page.

Calculation of Factor D is based on WY2001-2002 372 figures ($5,584), then inflating annually by 4.5% in WY02-03; WY 1 (2003- 2004) and each renewal year thereafter based on the 7/1/02 DRI-WEFA for Hospitals which is being used by the State Medicaid Program.

APPENDIX G-2
FACTOR D

LOC: **NF/Hospital Combined**

Demonstration of Factor D estimates:
Waiver Year 1 2004 2_____ 3_____ 4_____ 5_____

Waiver Services	Unduplicated Waiver Clients (users)	Avg # Units/User	Unit of Service	Avg. Unit Cost	Total Cost (rounded)
Column A	Column B	Column C	Column D	Column E	Column F
Case Management	7	105.29	Day	16.25	11,977
Family Training	10	2	Session	64.10	1,282
Attendant Care	10	264	Hour	18.25	48,180
Respite Care (Hrly)	27	220.22	Hour	46.56	276,843
Respite Care (Overnight)	3	28	Day	400.00	33,600
Medically Fragile Day Care	3	72	Day	168.00	36,288
Environmental Mods	7	1	Mod	890.29	6,232
Non-Medical Transportation	8	17	Round Trip	15.20	2,067
Special Equipment	41	8	Unit/Mod	117.86	38,658
Moving Assistance	2	1	Move	333.20	666
Home Maintenance	4	1	Incident	400.00	1,600
GRAND TOTAL (Sum of column F)					**457,393**
FACTOR C Unduplicated Clients				75	
FACTOR D (Per Capita Avg): Divide Grand Total C					**6,099**

AVERAGE LENGTH OF STAY: 252

APPENDIX G-2
FACTOR D

LOC: **NF**

Demonstration of Factor D estimates:
Waiver Year 1 2004 2_____ 3_____ 4_____ 5_____

Waiver Services	Unduplicated Waiver Clients (users)	Avg # Units/User	Unit of Service	Avg. Unit Cost	Total Cost (rounded)
Column A	Column B	Column C	Column D	Column E	Column F
Case Management	4	122	Day	16.25	7,930
Family Training	2	2	Session	64.10	256
Attendant Care	3	264	Hour	18.25	14,454
Respite Care (Hrly)	2	148	Hour	46.56	13,782
Respite Care (Overnight)	1	28	Day	400.00	11,200
Medically Fragile Day Care	1	72	Day	168.00	12,096
Environmental Mods	4	1	Mod	733.00	2,932
Non-Medical Transportation	2	17	Round Trip	15.20	517
Special Equipment	8	8	Unit/Mod	117.26	7,505
Moving Assistance	1	1	Move	333.20	333
Home Maintenance	2	1	Incident	400.00	800
GRAND TOTAL (Sum of column F)					**71,805**
FACTOR C Unduplicated Clients				13	
FACTOR D (Per Capita Avg): Divide Grand Total C					**5,523**

AVERAGE LENGTH OF STAY: 252
(45a)

APPENDIX G-2
FACTOR D

LOC: HOSPITAL

Demonstration of Factor D estimates:
Waiver Year 1 2004 2_____ 3_____ 4_____ 5_____

Waiver Services	Unduplicated Waiver Clients (users)	Avg # Units/User	Unit of Service	Avg. Unit Cost	Total Cost (rounded)
Column A	Column B	Column C	Column D	Column E	Column F
Case Management	3	83	Day	16.25	4,046
Family Training	8	2	Session	64.10	1,026
Attendant Care	7	264	Hour	18.25	33,726
Respite Care (Hrly)	25	226	Hour	46.56	263,064
Respite Care (Overnight)	2	28	Day	400.00	22,400
Medically Fragile Day Care	2	72	Day	168.00	24,192
Environmental Mods	3	1	Mod	1,100.00	3,300
Non-Medical Transportation	6	17	Round Trip	15.20	1,550
Special Equipment	33	8	Unit/Mod	118.00	31,152
Moving Assistance	1	1	Move	333.20	333
Home Maintenance	2	1	Incident	400.00	800
GRAND TOTAL (Sum of column F)					**385,589**
FACTOR C Unduplicated Clients				62	
FACTOR D (Per Capita Avg): Divide Grand Total C					**6,219**

AVERAGE LENGTH OF STAY: 252

APPENDIX G-2
FACTOR D

LOC: **NF/Hospital Combined**

Demonstration of Factor D estimates:
Waiver Year 1 ____ 2 2005 3 ____ 4 ____ 5 ____

Waiver Services	Unduplicated Waiver Clients (users)	Avg # Units/User	Unit of Service	Avg. Unit Cost	Total Cost (rounded)
Column A	Column B	Column C	Column D	Column E	Column F
Case Management	9	100.33	Day	16.98	15,332
Family Training	11	2	Session	64.10	1,410
Attendant Care	12	264	Hour	19.07	60,414
Respite Care (Hrly)	31	218.45	Hour	48.66	329,523
Respite Care (Overnight)	3	28	Day	418.00	35,112
Medically Fragile Day Care	3	72	Day	175.56	37,921
Environmental Mods	10	1	Mod	975.70	9,757
Non-Medical Transportation	8	17	Round Trip	15.88	2,160
Special Equipment	49	8	Unit/Mod	122.45	48,000
Moving Assistance	2	1	Move	348.19	696
Home Maintenance	4	1	Incident	418.00	1,672
GRAND TOTAL (Sum of column F)					**541,997**
FACTOR C Unduplicated Clients				85	
FACTOR D (Per Capita Avg): Divide Grand Total C					**6,376**

AVERAGE LENGTH OF STAY: 252

APPENDIX G-2
FACTOR D

LOC**: NF**

Demonstration of Factor D estimates:
Waiver Year 1_____ 2 2005 3_____ 4_____ 5_____

Waiver Services	Unduplicated Waiver Clients (users)	Avg # Units/User	Unit of Service	Avg. Unit Cost	Total Cost (rounded)
Column A	Column B	Column C	Column D	Column E	Column F
Case Management	4	122	Day	16.98	8,286
Family Training	2	2	Session	64.10	256
Attendant Care	3	264	Hour	19.07	15,103
Respite Care (Hrly)	3	148	Hour	48.66	21,605
Respite Care (Overnight)	1	28	Day	418.00	11,704
Medically Fragile Day Care	1	72	Day	175.56	12,640
Environmental Mods	4	1	Mod	733.00	2,932
Non-Medical Transportation	2	17	Round Trip	15.88	540
Special Equipment	7	8	Unit/Mod	117.26	6,567
Moving Assistance	1	1	Move	348.19	348
Home Maintenance	2	1	Incident	418.00	836
GRAND TOTAL (Sum of column F)					**80,818**
FACTOR C Unduplicated Clients				14	
FACTOR D (Per Capita Avg): Divide Grand Total C					**5,773**

AVERAGE LENGTH OF STAY: 252

APPENDIX G-2
FACTOR D

LOC: **HOSPITAL**

Demonstration of Factor D estimates:
Waiver Year 1_____ 2 2005 3_____ 4_____ 5_____

Waiver Services	Unduplicated Waiver Clients (users)	Avg # Units/User	Unit of Service	Avg. Unit Cost	Total Cost (rounded)
Column A	Column B	Column C	Column D	Column E	Column F
Case Management	5	83	Day	16.98	7,047
Family Training	9	2	Session	64.10	1,154
Attendant Care	9	264	Hour	19.07	45,310
Respite Care (Hrly)	28	226	Hour	48.66	307,920
Respite Care (Overnight)	2	28	Day	418.00	23,408
Medically Fragile Day Care	2	72	Day	175.56	25,281
Environmental Mods	6	1	Mod	1137.50	6,825
Non-Medical Transportation	6	17	Round Trip	15.88	1,620
Special Equipment	42	8	Unit/Mod	123.31	41,432
Moving Assistance	1	1	Move	348.19	348
Home Maintenance	2	1	Incident	418.00	836
GRAND TOTAL (Sum of column F)					**461,181**
FACTOR C Unduplicated Clients				71	
FACTOR D (Per Capita Avg): Divide Grand Total C					**6,496**

AVERAGE LENGTH OF STAY: 252

APPENDIX G-2
FACTOR D

LOC: **NF/Hospital Combined**

Demonstration of Factor D estimates:
Waiver Year 1 _____ 2_____ 3 2006 4_____ 5_____

Waiver Services	Unduplicated Waiver Clients (users)	Avg # Units/User	Unit of Service	Avg. Unit Cost	Total Cost (rounded)
Column A	Column B	Column C	Column D	Column E	Column F
Case Management	9	104.67	Day	17.74	16,712
Family Training	16	2	Session	66.98	2,143
Attendant Care	15	264	Hour	19.93	78,923
Respite Care (Hrly)	37	217.57	Hour	50.85	409,347
Respite Care (Overnight)	4	28	Day	436.81	48,923
Medically Fragile Day Care	3	72	Day	183.46	39,627
Environmental Mods	10	1	Mod	1,023.21	10,232
Non-Medical Transportation	10	17	Round Trip	16.59	2,820
Special Equipment	54	8	Unit/Mod	127.03	54,877
Moving Assistance	2	1	Move	363.86	728
Home Maintenance	4	1	Incident	436.81	1,747
GRAND TOTAL (Sum of column F)					**666,079**
FACTOR C Unduplicated Clients				100	
FACTOR D (Per Capita Avg): Divide Grand Total C					**6,661**

AVERAGE LENGTH OF STAY: 252

APPENDIX G-2
FACTOR D

LOC**: NF**
Demonstration of Factor D estimates:
Waiver Year 1_____ 2_____ 3 2006 4_____ 5_____

Waiver Services	Unduplicated Waiver Clients (users)	Avg # Units/User	Unit of Service	Avg. Unit Cost	Total Cost (rounded)
Column A	Column B	Column C	Column D	Column E	Column F
Case Management	5	122	Day	17.74	10,821
Family Training	3	2	Session	66.98	402
Attendant Care	4	264	Hour	19.93	21,046
Respite Care (Hrly)	4	148	Hour	50.85	30,103
Respite Care (Overnight)	1	28	Day	436.81	12,231
Medically Fragile Day Care	1	72	Day	183.46	13,209
Environmental Mods	4	1	Mod	775.00	3,100
Non-Medical Transportation	2	17	Round Trip	16.59	564
Special Equipment	10	8	Unit/Mod	122.54	9,803
Moving Assistance	1	1	Move	363.86	364
Home Maintenance	2	1	Incident	436.81	874
GRAND TOTAL (Sum of column F)					**102,517**
FACTOR C Unduplicated Clients				17	
FACTOR D (Per Capita Avg): Divide Grand Total C					**6,030**

AVERAGE LENGTH OF STAY: 252

APPENDIX G-2
FACTOR D

LOC: **HOSPITAL**

Demonstration of Factor D estimates:
Waiver Year 1_____ 2_____ 3 2006 4_____ 5_____

Waiver Services	Unduplicated Waiver Clients (users)	Avg # Units/User	Unit of Service	Avg. Unit Cost	Total Cost (rounded)
Column A	Column B	Column C	Column D	Column E	Column F
Case Management	4	83	Day	17.74	5,890
Family Training	13	2	Session	66.98	1,741
Attendant Care	11	264	Hour	19.93	57,877
Respite Care (Hrly)	33	226	Hour	50.85	379,239
Respite Care (Overnight)	3	28	Day	436.81	36,692
Medically Fragile Day Care	2	72	Day	183.46	26,418
Environmental Mods	6	1	Mod	1,188.69	7,132
Non-Medical Transportation	8	17	Round Trip	16.59	2,256
Special Equipment	44	8	Unit/Mod	128.05	45,074
Moving Assistance	1	1	Move	363.86	364
Home Maintenance	2	1	Incident	436.81	874
GRAND TOTAL (Sum of column F)					**563,557**
FACTOR C Unduplicated Clients				83	
FACTOR D (Per Capita Avg): Divide Grand Total C					**6,790**

AVERAGE LENGTH OF STAY: 252

APPENDIX G-2
FACTOR D

LOC: **NF/Hospital Combined**

Demonstration of Factor D estimates:
Waiver Year 1 ____ 2____ 3____ 4 2007 5____

Waiver Services	Unduplicated Waiver Clients (users)	Avg # Units/User	Unit of Service	Avg. Unit Cost	Total Cost (rounded)
Column A	Column B	Column C	Column D	Column E	Column F
Case Management	11	104.27	Day	18.54	21,265
Family Training	18	2	Session	69.99	2,520
Attendant Care	19	264	Hour	20.83	104,483
Respite Care (Hrly)	46	217.52	Hour	53.14	531,715
Respite Care (Overnight)	5	28	Day	456.47	63,906
Medically Fragile Day Care	4	72	Day	191.72	55,215
Environmental Mods	12	1	Mod	1,028.09	12,337
Non-Medical Transportation	12	17	Round Trip	17.34	3,537
Special Equipment	68	8	Unit/Mod	132.79	72,238
Moving Assistance	2	1	Move	380.23	760
Home Maintenance	5	1	Incident	456.47	2,282
GRAND TOTAL (Sum of column F)					**870,258**
FACTOR C Unduplicated Clients				125	
FACTOR D (Per Capita Avg): Divide Grand Total C					**6,962**

AVERAGE LENGTH OF STAY: 252

APPENDIX G-2
FACTOR D

LOC: **NF**
Demonstration of Factor D estimates:
Waiver Year 1_____ 2_____ 3_____ 4 2007 5_____

Waiver Services	Unduplicated Waiver Clients (users)	Avg # Units/User	Unit of Service	Avg. Unit Cost	Total Cost (rounded)
Column A	Column B	Column C	Column D	Column E	Column F
Case Management	6	122	Day	18.54	13,571
Family Training	4	2	Session	69.99	560
Attendant Care	6	264	Hour	20.83	32,995
Respite Care (Hrly)	5	148	Hour	53.14	39,324
Respite Care (Overnight)	1	28	Day	456.47	12,781
Medically Fragile Day Care	1	72	Day	191.72	13,804
Environmental Mods	6	1	Mod	814.00	4,884
Non-Medical Transportation	3	17	Round Trip	17.34	884
Special Equipment	12	8	Unit/Mod	128.05	12,293
Moving Assistance	1	1	Move	380.23	380
Home Maintenance	2	1	Incident	456.47	913
GRAND TOTAL (Sum of column F)					**132,389**
FACTOR C Unduplicated Clients				21	
FACTOR D (Per Capita Avg): Divide Grand Total C					**6,304**

AVERAGE LENGTH OF STAY: 252

APPENDIX G-2
FACTOR D

LOC: **HOSPITAL**

Demonstration of Factor D estimates:
Waiver Year 1_____ 2_____ 3_____ 4 2007 5_____

Waiver Services	Unduplicated Waiver Clients (users)	Avg # Units/User	Unit of Service	Avg. Unit Cost	Total Cost (rounded)
Column A	Column B	Column C	Column D	Column E	Column F
Case Management	5	83	Day	18.54	7,694
Family Training	14	2	Session	69.99	1,960
Attendant Care	13	264	Hour	20.83	71,489
Respite Care (Hrly)	41	226	Hour	53.14	492,395
Respite Care (Overnight)	4	28	Day	456.47	51,125
Medically Fragile Day Care	3	72	Day	191.72	41,412
Environmental Mods	6	1	Mod	1,242.18	7,453
Non-Medical Transportation	9	17	Round Trip	17.34	2,653
Special Equipment	56	8	Unit/Mod	133.81	59,947
Moving Assistance	1	1	Move	380.23	380
Home Maintenance	3	1	Incident	456.47	1,369
GRAND TOTAL (Sum of column F)					**737,876**
FACTOR C Unduplicated Clients				104	
FACTOR D (Per Capita Avg): Divide Grand Total C					**7,095**

AVERAGE LENGTH OF STAY: 252

APPENDIX G-2
FACTOR D

LOC: **NF/Hospital Combined**

Demonstration of Factor D estimates:
Waiver Year 1 _____ 2_____ 3_____ 4_____ 5 2008

Waiver Services	Unduplicated Waiver Clients (users)	Avg # Units/User	Unit of Service	Avg. Unit Cost	Total Cost (rounded)
Column A	Column B	Column C	Column D	Column E	Column F
Case Management	14	105.29	Day	19.37	28,553
Family Training	24	2	Session	73.14	3,511
Attendant Care	22	264	Hour	21.77	126,440
Respite Care (Hrly)	58	215.24	Hour	55.53	693,232
Respite Care (Overnight)	5	28	Day	477.01	66,781
Medically Fragile Day Care	4	72	Day	200.35	57,701
Environmental Mods	15	1	Mod	1,126.85	16,903
Non-Medical Transportation	13	17	Round Trip	18.12	4,005
Special Equipment	82	8	Unit/Mod	138.73	91,007
Moving Assistance	2	1	Move	397.34	795
Home Maintenance	4	1	Incident	477.01	1,908
GRAND TOTAL (Sum of column F)					**1,090,836**
FACTOR C Unduplicated Clients				150	
FACTOR D (Per Capita Avg): Divide Grand Total C					**7,272**

AVERAGE LENGTH OF STAY: 252

APPENDIX G-2
FACTOR D

LOC**: NF**
Demonstration of Factor D estimates:
Waiver Year 1_____ 2_____ 3_____ 4_____ 5 2008

Waiver Services	Unduplicated Waiver Clients (users)	Avg # Units/User	Unit of Service	Avg. Unit Cost	Total Cost (rounded)
Column A	Column B	Column C	Column D	Column E	Column F
Case Management	8	122	Day	19.37	18,905
Family Training	6	2	Session	73.14	878
Attendant Care	6	264	Hour	21.77	34,484
Respite Care (Hrly)	8	148	Hour	55.53	65,748
Respite Care (Overnight)	1	28	Day	477.01	13,356
Medically Fragile Day Care	1	72	Day	200.35	14,425
Environmental Mods	6	1	Mod	870.00	5,220
Non-Medical Transportation	3	17	Round Trip	18.12	924
Special Equipment	15	8	Unit/Mod	133.81	16,057
Moving Assistance	1	1	Move	397.34	397
Home Maintenance	2	1	Incident	477.01	954
GRAND TOTAL (Sum of column F)					**171,348**
FACTOR C Unduplicated Clients				26	
FACTOR D (Per Capita Avg): Divide Grand Total C					**6,590**

AVERAGE LENGTH OF STAY: 252

APPENDIX G-2
FACTOR D

LOC: **HOSPITAL**

Demonstration of Factor D estimates:
Waiver Year 1_____ 2_____ 3_____ 4_____ 5 2008

Waiver Services	Unduplicated Waiver Clients (users)	Avg # Units/User	Unit of Service	Avg. Unit Cost	Total Cost (rounded)
Column A	Column B	Column C	Column D	Column E	Column F
Case Management	6	83	Day	19.37	9,646
Family Training	18	2	Session	73.14	2,633
Attendant Care	16	264	Hour	21.77	91,956
Respite Care (Hrly)	50	226	Hour	55.53	627,489
Respite Care (Overnight)	4	28	Day	477.01	53,425
Medically Fragile Day Care	3	72	Day	200.35	43,276
Environmental Mods	9	1	Mod	1,298.08	11,683
Non-Medical Transportation	10	17	Round Trip	18.12	3,080
Special Equipment	67	8	Unit/Mod	139.83	79,949
Moving Assistance	1	1	Move	397.34	397
Home Maintenance	2	1	Incident	477.01	954
GRAND TOTAL (Sum of column F)					**919,489**
FACTOR C Unduplicated Clients				124	
FACTOR D (Per Capita Avg): Divide Grand Total C					**7,415**

AVERAGE LENGTH OF STAY: 252

APPENDIX G-3
METHODS USED TO EXCLUDE PAYMENTS FOR ROOM AND BOARD

The purpose of this Appendix is to demonstrate that Medicaid does not pay the cost of room and board furnished to an individual under the waiver.

A. The following service(s), other than respite care*, are furnished in residential settings other than the natural home of the individual (e.g., foster homes, group homes, supervised living arrangements, assisted living facilities, personal care homes, or other types of congregate living arrangements). (Specify):

Case Management, Attendant Care, **Family Training**

*NOTE: FFP may be claimed for the cost of room and board when provided as part of respite care in a Medicaid certified NF or ICF/MR, or when it is provided in a foster home or community residential facility that meets State standards specified in this waiver.)

B. The following service(s) are furnished in the home of a paid caregiver. (Specify):

Attached is an explanation of the method used by the State to exclude Medicaid payment for room and board.

APPENDIX G-4
METHODS USED TO MAKE PAYMENT FOR RENT AND FOOD EXPENSES OF AN UNRELATED LIVE-IN CAREGIVER

Check one:

__X__ The State will not reimburse for the rent and food expenses of an unrelated live-in personal caregiver who lives with the individual(s) served on the waiver.

_____ The State will reimburse for the additional costs of rent and food attributable to an unrelated live-in personal caregiver who lives in the home or residence of the individual served on the waiver. The service cost of the live-in personal caregiver and the costs attributable to rent and food are reflected separately in the computation of factor D (cost of waiver services) in Appendix G-2 of this waiver request.

APPENDIX G-5
FACTOR D'
LOC: NF/Hospital

NOTICE: On July 25, 1994, HCFA published regulations which changed the definition of factor D'. The new definition is:

> "The estimated annual average per capita Medicaid cost for all other services provided to individuals in the waiver program."

Include in Factor D' the following:

- The cost of all State plan services (including home health, personal care and adult day health care) furnished in addition to waiver services WHILE THE INDIVIDUAL WAS ON THE WAIVER.
- The cost of short-term institutionalization (hospitalization, NF, or ICF/MR) which began AFTER the person's first day of waiver services and ended BEFORE the end of the waiver year IF the person returned to the waiver.

Do NOT include the following in the calculation of Factor D':

- If the person did NOT return to the waiver following institutionalization, do NOT include the costs of institutional care.
- Do NOT include institutional costs incurred BEFORE the person is first served under the waiver in this waiver year.

If institutional respite care is provided as a service under this waiver, calculate its costs under Factor D. Do not duplicate these costs in your calculation of Factor D'.

Factor D' is computed as follows (check one):

_____ Based on HCFA Form 2082 (relevant pages attached).

__X__ Based on HCFA Form 372 for years 01-02 of waiver #40195.01, which serves a similar target population.

_____ Based on a statistically valid sample of plans of care for individuals with the disease or condition specified in item 3 of this request.

X Other (specify):
Based on WY2001-2002 372 figures ($70,729) then inflating annually by 4.5% in WY02-03; WY 1 (2003- 2004) and each renewal year thereafter based on the 7/1/02 DRI -WEFA for Hospitals which is being used by the State Medicaid Program.

APPENDIX G-6
FACTOR G
LOC: NF/Hospital

The July 25, 1994 final regulation defines Factor G as:

> "The estimated annual average per capita Medicaid cost for hospital, NF, or ICF/MR care that would be incurred for individuals served in the waiver, were the waiver not granted."

Provide data ONLY for the level(s) of care indicated in item 2 of this waiver request.

Factor G is computed as follows:

____ Based on institutional cost trends shown by HCFA Form 2082 (relevant pages attached). Attached is an explanation of any adjustments made to these numbers.

_____ Based on trends shown by HCFA Form 372 for years ____of waiver _____, which reflect costs for an institutionalized population at this LOC. Attached is an explanation of any adjustments made to these numbers. (see "Other" below)

____ Based on actual case histories of individuals institutionalized with this disease or condition at this LOC. Documentation attached.

____ Based on State DRGs for the disease(s) or condition(s) indicated in item 3 of this request, plus outlier days. Descriptions, computations, and an explanation of any adjustments are attached to this Appendix.

X Other (specify): **Based on WY 01-02 institutional claims data for children with medically fragile conditions defined on page 2a of this waiver application ($191,415), then inflating annually by 4.5% in WY02-03; WY 1 (2003- 2004) and each renewal year thereafter based on the 7/1/02 DRI-WEFA for Hospitals which is being used by the State Medicaid Program.**

If institutional respite care is provided as a service under this waiver, calculate its costs under Factor D. Do not duplicate these costs in your calculation of Factor G.

APPENDIX G-7
FACTOR G'
LOC: NF/Hospital

The July 25, 1994 final regulation defines Factor G' as:

> "The estimated annual average per capita Medicaid costs for all services other than those included in Factor G for individuals served in the waiver, were the waiver not granted.

Include in Factor G' the following:

> The cost of all State plan services furnished WHILE THE INDIVIDUAL WAS INSTITUTIONALIZED.
>
> The cost of short-term hospitalization (furnished with the expectation that the person would return to the institution) which began AFTER the person's first day of institutional services.

If institutional respite care is provided as a service under this waiver, calculate its costs under Factor D. Do not duplicate these costs in your calculation of Factor G'.

Factor G' is computed as follows (check one):

____ Based on HCFA Form 2082 (relevant pages attached).

____ Based on HCFA Form 372 for years ____ of waiver _____, which serves a similar target population.

____ Based on a statistically valid sample of plans of care for individuals with the disease or condition specified in item 3 of this request.

__X__ *Other (specify):*
Based on FY 01-02 institutional claims data for the children with medically fragile conditions reported under Factor G while they were institutionalized ($34,218) then inflating annually by 4.5% in WY02-03; WY 1 (2003- 2004) and each renewal year thereafter based on the 7/1/02 DRI-WEFA for Hospitals which is being used by the State Medicaid Program.

APPENDIX G-8
DEMONSTRATION OF COST NEUTRALITY

LOC: NF/HOSPITAL (Combined)

YEAR 1				
FACTOR D:	6,099		FACTOR G:	218,574
FACTOR D':	77,238		FACTOR G':	37,935
TOTAL:	83,337	≤	TOTAL:	256,509
YEAR 2				
FACTOR D:	6,376		FACTOR G:	228,410
FACTOR D':	80,714		FACTOR G':	39,642
TOTAL:	87,090	≤	TOTAL:	268,052
YEAR 3				
FACTOR D:	6,661		FACTOR G:	238,689
FACTOR D':	84,346		FACTOR G':	41,426
TOTAL:	91,007	≤	TOTAL:	280,115
YEAR 4				
FACTOR D:	6,962		FACTOR G:	249,430
FACTOR D':	88,141		FACTOR G':	43,290
TOTAL:	95,103	≤	TOTAL:	292,720
YEAR 5				
FACTOR D:	7,272		FACTOR G:	260,654
FACTOR D':	92,108		FACTOR G':	45,238
TOTAL:	99,380	≤	TOTAL:	305,892

LOC: NF

YEAR 1				
FACTOR D:	5,523		FACTOR G:	163,217
FACTOR D':	52,942		FACTOR G':	41,520
TOTAL:	58,465	≤	TOTAL:	204,737
YEAR 2				
FACTOR D:	5,773		FACTOR G:	170,562
FACTOR D':	55,325		FACTOR G':	43,388
TOTAL:	61,098	≤	TOTAL:	213,950
YEAR 3				
FACTOR D:	6,030		ACTOR G:	178,237
FACTOR D':	57,814		FACTOR G':	45,341
TOTAL:	63,844	≤	TOTAL:	223,578
YEAR 4				
FACTOR D:	6,304		FACTOR G:	186,258
FACTOR D':	60,416		FACTOR G':	47,381
TOTAL:	66,720	≤	TOTAL:	233,639
YEAR 5				
FACTOR D:	6,590		FACTOR G:	194,640
FACTOR D':	63,135		FACTOR G':	49,513
TOTAL:	69,725	≤	TOTAL:	244,153

-Over-

LOC: HOSPITAL

YEAR 1				
FACTOR D:	6,219		FACTOR G:	273,931
FACTOR D':	82,365		FACTOR G':	34,359
TOTAL:	88,584	≤	TOTAL:	308,290
YEAR 2				
FACTOR D:	6,496		FACTOR G:	286,258
FACTOR D':	86,071		FACTOR G':	35,906
TOTAL:	92,567	≤	TOTAL:	322,164
YEAR 3				
FACTOR D:	6,790		ACTOR G:	299,140
FACTOR D':	89,945		FACTOR G':	37,521
TOTAL:	96,735		TOTAL:	336,661
YEAR 4				
FACTOR D:	7,095		FACTOR G:	312,601
FACTOR D':	93,992		FACTOR G':	39,210
TOTAL:	101,087	≤	TOTAL:	351,811
YEAR 5				
FACTOR D:	7,415		FACTOR G:	326,668
FACTOR D':	98,222		FACTOR G':	40,974
TOTAL:	105,637	≤	TOTAL:	367,642